**REPORT 374** 

## FNS Integrated Pgm Accounting Sys FNSP LETTER OF CREDIT

**PERFORMANCE SERIES 2.0F** 

NOTICE OF REVISED PROGRAM LIMITATIONS FOR LOC NO: 75331

EFFECTIVE DATE: 20130705

FOR PROGRAM YEAR: 2013

LOC AMENDMENT NO: 14

WASH DEPT OF PUBLIC INSTR CHILD NUTRITION SECTION, OSPI OLD CAPITOL BLDG

OLYMPIA WA 98504

## TO WHOM IT MAY CONCERN:

THE ABOVE LETTER OF CREDIT, HELD IN YOUR FAVOR BY THE TREASURY REGIONAL DISBURSING OFFICE NAMED HAS BEEN REVISED TO REFLECT THE CHANGE(S) SHOWN BELOW FOR THE PROGRAM(S) INDICATED.

ACCOUNT ID	CFDA NO	PREVIOUS AUTHORIZED	INCREASE/DECREASE	CURRENT AUTHORIZED
20130L160347	10.582	\$0.00	\$0.00	\$0.00
20131L160347	10.582	\$0.00	\$0.00	\$0.00
2013CL160347	10.582	\$264,975.11	\$0.00	\$264,975.11
2013CL260347	10.558	\$0.00	\$0.00	\$0.00
2013CN109947	10.555	\$0.00	\$0.00	\$0.00
2013CN253347	10.560	\$0.00	\$0.00	\$0.00
2013IL160347	10.582	\$2,738,735.00	\$0.00	\$2,738,735.00
2013IL410347	10.579	\$0.00	\$0.00	\$0.00
2013IN105047	10.558	\$2,197,723.00	\$0.00	\$2,197,723.00
2013IN109947	10.555	\$241,229,102.00	\$41,487,815.00	\$282,716,917.00
2013IN202047	10.558	\$1,495,704.00	\$0.00	\$1,495,704.00
2013IN253347	10.560	\$2,782,087.00	\$0.00	\$2,782,087.00
2013IN254547	10.560	\$578,507.00	\$0.00	\$578,507.00
2013IN770347	10.582	\$0.00	\$0.00	\$0.00
	TOTAL	\$251,286,833.11	\$41,487,815.00	\$292,774,648.11

## REMARKS:

Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers (ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered incorrect ABA/RTN or bank account number information.

UNDER NO CIRCUMSTANCE SHALL FUNDS BE REQUESTED WHICH WOULD RESULT IN OVERDRAWING THE CURRENT AUTHORIZATION FOR ANY PROGRAM. IF A REQUEST FOR PAYMENT IS ISSUED IN AN AMOUNT IN EXCESS OF THE LIMITATION FOR THE SPECIFIC PROGRAM, YOU WILL BE FULLY RESPONSIBLE FOR SUCH EXCESS AMOUNT.

DATE: 7/8/2013 SIGNATURE OF AUTHORIZING OFFICIAL: Electronically signed by - Emerick Konno

FORM FNS 374 CREATE ID LATIFS